

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101 573149

FILING DATE

3-22-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	8	8	11			
3	8	8				
4	8	8				
5	8	8				
6	8	8				
7	8	8				
8	5	5				
9	1					
10	1					
11	5	5				
12	5	5				
13	5	5				
14	5	5				
15	5	5				
16	8	8				
17	8	8				
18	8	8				
19	8	8				
20	8	8				
21	8	8				
22	1					
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49						
50						
TOTAL IND.			1			
TOTAL DEP.		20				
TOTAL CLAIMS		21				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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